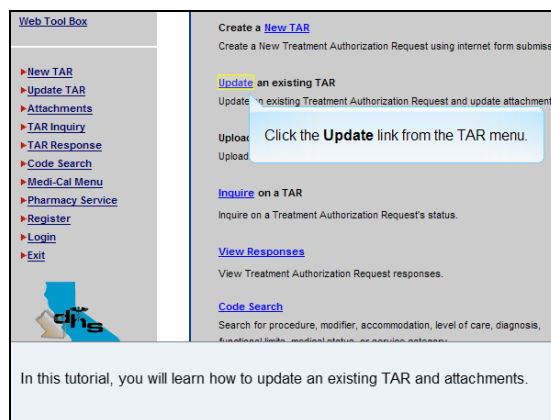




## Update an Existing TAR

Note: Information used to complete examples is fictitious.



In this tutorial, you will learn how to update an existing TAR and attachments.

Click the **Update** link from the TAR menu.

Please enter original TAR information to retrieve your TAR for updating.

\* Original Submitting Provider # XXX1234

\* Original Recipient ID #

The **Original Submitting Provider #** field is pre-populated with the provider number used to log on to Transaction Services.

\* Update Reason

Update TAR Attachments Cancel TAR Update

Note: Fields designated with an asterisk (\*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication. If you are trying to update a TAR for a different provider number, you must log off and log on to Transaction Services again using a different provider number.

Note: Fields designated with an asterisk (\*) are required for eTAR submission. Non-asterisk fields may be necessary for eTAR adjudication.

If you are trying to update a TAR for a different provider number, you must log off and log on to Transaction Services again using a different provider number.

The **Original Submitting Provider #** field is pre-populated with the provider number used to log on to Transaction Services.

Type the original recipient ID number in the **Original Recipient ID #** field.

Please enter original TAR information to retrieve your TAR for updating.

\* Original Submitting Provider # XXX123456

\* Original Recipient ID # 1234567890

\* Original TAR #

\* Update Reason

Click the **Update Reason** arrow and select the appropriate update reason.

Type the original TAR number in the **Original TAR #** field.

Click the **Update Reason** arrow and select the appropriate update reason.

Please enter original TAR information to retrieve your TAR for updating.

\* Original Submitting Provider # XXX123456

\* Original Recipient ID # 123456789

\* Original TAR # 0400008276

\* Update Reason

- Add Service
- Aid Paid Pending
- Cancel Individual Service(s)
- Cancel TAR
- Change in Service
- Correct Recipient ID
- Reauthorization
- Submit Freeform Attachments
- Update Deferred Service

Changes made to the eTAR should reflect the selected update reason only. Attempting to make multiple changes using a single update reason will create errors on the eTAR.

Changes made to the eTAR should reflect the selected update reason only. Attempting to make multiple changes using a single update reason will create errors on the eTAR.

Please enter original TAR information to retrieve your TAR for updating.

\* Original Submitting Provider # XXX123456

\* Original Recipient ID # 123456789

\* Original TAR # 0400008276

\* Update Reason

[Click to view the update reason descriptions.](#)

- Change in Service
- Correct Recipient ID
- Reauthorization
- Submit Freeform Attachments
- Update Deferred Service

Click to view the update reason descriptions.

Please enter original TAR information to retrieve your TAR for updating.

\* Original Submitting Provider # XXX123456

ID # 123456789

TAR # 0400008276

Click **Update TAR**.

Click **Update TAR** to continue the eTAR update.

Update TAR Attachments Cancel TAR Update

Click **Cancel TAR Update** to cancel the update request and return to the TAR menu.

Click **Attachments** to update the eTAR by uploading electronic attachments.

To update your eTAR by submitting faxed attachments, simply fax the attachment(s) with the *TAR 3 Attachment Form* to the correct number and skip this online update process.

Click **Update TAR** to continue the eTAR update.

Click **Cancel TAR Update** to cancel the update request and return to the TAR menu.

Click **Attachments** to update the eTAR by uploading electronic attachments.

To update your eTAR by submitting faxed attachments, simply fax the attachment(s) with the TAR 3 Attachment Form to the correct number and skip this online update process.

Click **Update TAR**.

TAR #: 0400003487

**Provider Information**

Submitting Provider Medicare Certified  
XXX123456 II

Provider Name Phone # Fax #  
SEAN'S MEDICAL (555) 555-5555  
SERVICE

Street/Mailing Address City State Zip Code  
123 MY PLACE DR. HOMETOWN CA 90000

Contact Name  
TAR Completed By  
Jane Doe

Click **Update Provider Information** to modify the Provider Information section.

Update Provider Information

**Patient Information**

Verify and correct all information on the TAR Summary page before submitting your eTAR.

Verify and correct all information on the TAR Summary page before submitting your eTAR.

Click **Update Provider Information** to modify the Provider Information section.

Miscellaneous TAR Information

Residence Status	Medicare Denial Reason	Medicare/OHC Denial Date	Medicare/OHC Denial Certification	OHC Denial Reason
	No qualifying hospital stay		No	Non-covered services

Mother/Transplant Recipient Providing Medi-Cal Eligibility

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Patient's Authorized Representative Name: \_\_\_\_\_

Street/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

[Update Patient Information](#)

Service Information

[Update This Service](#) [Cancel This Service](#)

Click **Update Patient Information** to modify the Patient Information section.

Service Information

[Update This Service](#) [Cancel This Service](#)

Temporary Service Number : 1

Ind. [Service Code](#) Service Description

Hospital: \_\_\_\_\_

Total Un: 7

Admit Date/Start of Care: \_\_\_\_\_ Admit From: \_\_\_\_\_ Discharge Date: \_\_\_\_\_ Discharge: \_\_\_\_\_

POS: \_\_\_\_\_ ICD-9: \_\_\_\_\_ Diagnosis Description: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Hospice: 715.06

Rendering Provider #: \_\_\_\_\_

[Update Attachment A](#)

Based on the TAR service you submitted, the Update Attachment A button may not be present.

Click **Update This Service**, **Cancel This Service** or **Update Attachment A** to modify previously submitted service information.

Based on the TAR service you submitted, the Update Attachment A button may not be present.

Please summarize treatment/procedures/surgeries/clinical findings/history relevant to the requested service(s) (include dates if applicable)

If it is known that the patient has ever received the requested or similar service(s), please explain (include dates)

Please summarize the therapeutic goal to be met with the requested service(s)

Please list the specific treatment(s) and the associated service(s) for

Click **Submit TAR** to submit your eTAR for adjudication.

Please explain why the least costly option is not appropriate

If you selected the update reason **Add Service**, click **Services** to continue adding a service.

Prescribing Physician Information  
Physician Prescription

Click **Cancel TAR** to cancel the entire eTAR.

Provider Patient Services Cancel TAR Submit TAR

Verify all information is correct before you submit your eTAR.

Click **Submit TAR** to submit your eTAR for adjudication.  
Verify all information is correct before you submit your eTAR.

If you selected the update reason **Add Service**, click **Services** to continue adding a service.

Click **Cancel TAR** to cancel the entire eTAR.

Attachment(s) Submission Option:

☐ I will be uploading attachment(s) now

☐ I will be uploading attachment(s) (within 8 hours)

☐ I will be faxing attachment(s) now

☐ I will be faxing attachment(s) (within 8 hours)

☐ I will be mailing attachment(s) (within 5 days)

☐ I will not be submitting attachment(s)

If your eTAR requires submission of attachments, select the attachments submission option that reflects how and when attachments will be submitted.

Request (TAR) - Attachment Form as the FAX cover sheet when FAXing eTAR attachments.

To order additional TAR 3, Treatment Forms please call: (800) 541-5555 and

Click **Continue** to finalize your eTAR submission.

NOTE: TARs will be deferred if attachments are not received within the time stated above.

Continue

If attachments are not received within the specified time, the eTAR will be deferred/denied.

If your eTAR requires submission of attachments, select the attachments submission option that reflects how and when attachments will be submitted.

If attachments are not received within the specified time, the eTAR will be deferred/denied.

Click **Continue** to finalize your eTAR submission.

This screenshot shows the eTAR confirmation page. At the top, a yellow box contains the text: "Thank You! Your TAR has been successfully submitted." Below this, a callout box states: "This message will appear on the eTAR confirmation page when your eTAR has been successfully submitted." To the right, another callout box says: "Please wait 5 minutes. \* Prior Authorization Does Not Guarantee Claim Payment." In the center, a yellow box displays the TAR #: 0400008276. Below this, a callout box explains: "The confirmation page lists the TAR Control Number (TCN), which verifies your eTAR was submitted for processing." The page is divided into two sections: "Provider Information" (Submitting Provider: XXX123456) and "Patient Information" (Recipient ID: 123456789, Patient Name: John Recipient). At the bottom, a blue box with a printer icon says: "Congratulations! Your eTAR has been submitted to the appropriate Medi-Cal field office for adjudication."

This message will appear on the eTAR confirmation page when your eTAR has been successfully submitted.

### **Congratulations!**

Your eTAR has been submitted to the appropriate Medi-Cal field office for adjudication.

The confirmation page lists the TAR Control Number (TCN), which verifies your eTAR was submitted for processing.

This screenshot shows the eTAR confirmation page. At the top, it says: "Thank You! Your TAR has been successfully submitted." Below this, it says: "If you need to update this TAR, please wait 5 minutes." and "\* Prior Authorization Does Not Guarantee Claim Payment." In the center, a yellow box displays the TAR #: 0400008276. Below this, a callout box says: "Print this page for your records." The page is divided into two sections: "Provider Information" (Submitting Provider: XXX123456, Patient Record #: ) and "Patient Information" (Recipient ID: 123456789, Patient Name: John Recipient). At the bottom, a blue box with a printer icon says: "The TCN is crucial for checking the status of your eTAR and for billing, once the eTAR is approved."

The TCN is crucial for checking the status of your eTAR and for billing, once the eTAR is approved.

Print this page for your records.

TAR #: 0400008276

**Provider Information**  
Submitting Provider: XXX123456 Patient Record #:

**Patient Information**  
Recipient ID: 1

**Service Information**  
Service # Service Description Status  
1 Home Health z6900 In Review

Service Description	Requested From Date	Requested Thru Date
SKILLED NURSING SERVICES	01012005	06012005

If the status is "In Review", the service line was submitted successfully to the field office for review. No further action is required.

The status of the eTAR service line(s) submitted will be either "In Review" or "Rejected".

If the status is "In Review", the service line was submitted successfully to the field office for review. No further action is required.

**Error Messages**  
Service #: Service Indicator: Service Indicator/Service Code Combination Invalid

**Provider Information**  
Submitting Provider: XXX123456 Patient Record #:

**Patient Information**  
Recipient ID: 123456789 Patient Name: John Recipient

**Service Information**  
Service # Service Description Status  
1 ADHC z6900 Rejected

Service Description	Date	Requested Thru Date
SKILLED NURSING SERVICES	01012005	06012005

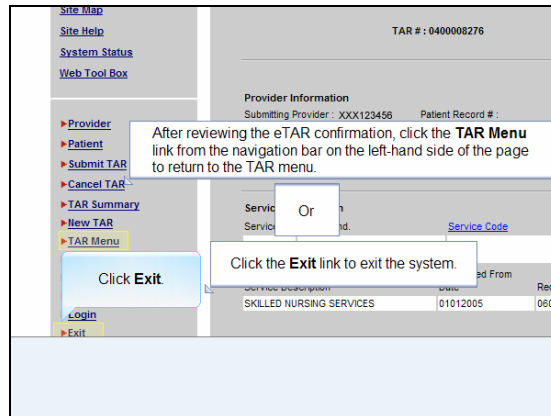
If the status is "Rejected", the reject reason(s) will be listed in the eTAR confirmation window.

To correct the reject reason, click the **Update** link from the TAR menu and select **Update Rejected Service**.

If the status is "Rejected", the reject reason(s) will be listed in the eTAR confirmation window.

To correct the reject reason, click the **Update** link from the TAR menu and select **Update Rejected Service**.



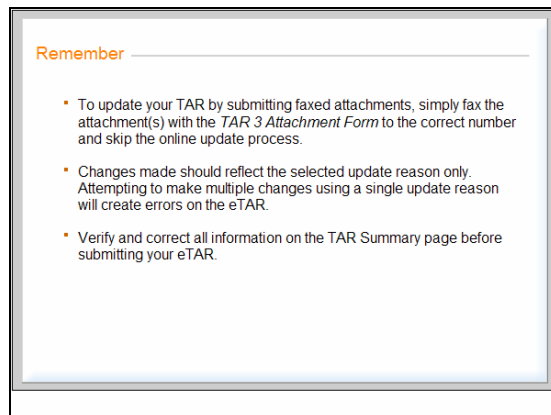


After reviewing the eTAR confirmation, click the TAR Menu link from the navigation bar on the left-hand side of the page to return to the TAR menu.

Or

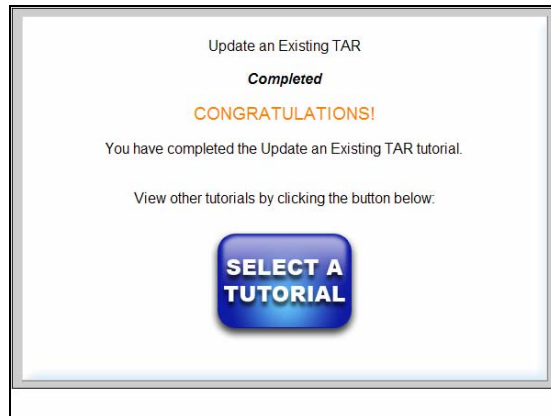
Click the Exit link to exit the system.

Click Exit.



#### Remember

- To update your TAR by submitting faxed attachments, simply fax the attachment(s) with the TAR 3 Attachment Form to the correct number and skip the online update process.
- Changes made should reflect the selected update reason only. Attempting to make multiple changes using a single update reason will create errors on the eTAR.
- Verify and correct all information on the TAR Summary page before submitting your eTAR.



Update an Existing TAR - ***Completed***

**CONGRATULATIONS!**

You have completed the Update an Existing TAR tutorial.